

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23632

FILED AUG 6 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3082

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>34</u>	
c. LENGTH OF STAY (In this place township) <u>61 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2400 QUINCY AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>H</u> c. (Last) <u>SELDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-12-1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG-27-1882</u>
9. AGE (In years last birthday) <u>66 YEARS</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 3 1/2 YEARS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. POST OFFICE</u>	11. BIRTHPLACE (State or foreign country) <u>LEAVENWORTH, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HARRY SELDEN</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET SMITHE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EDITH SELDEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANCIS H. SELDEN 5501 BLUE RIDGE ROAD KANSAS CITY, MISSOURI</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior coronary artery occlusion 6 days</u>			
DUE TO (c) <u>Coronary artery sclerosis</u>		<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 8, 1949</u> , to <u>July 12, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>9:58 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Maude C. Farley MD</u> (Degree or title)		23b. ADDRESS <u>4301 Main, Kansas City, Mo</u>	
23c. DATE SIGNED <u>7/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 15, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY, KANSAS CITY, MISSOURI</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK DR. W. KANSAS CITY, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John E. Franking* _____

Licensed Embalmer No. *4483* _____

P. O. Address *Kansas City, Mo.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.